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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/220398	
	Filing Date	December 24, 1998	
	First Named Inventor	Peter D. Harney	
	Group Art Unit	1656	
	Examiner Name	J. Riley	
Total Number of Pages in This Submission		Attorney Docket Number	VECT-P02-003

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Postpaid return postcard
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Firm or Individual Name	ROPES & GRAY Matthew P. Vincent, Reg. 36,709
Signature	
Date	June 4, 2002

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Dated: June 04, 2002 Signature: (Matthew P. Vincent)



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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/220398
		Filing Date	December 24, 1998
		First Named Inventor	Peter D. Harney
		Examiner Name	Jazia Riley
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1656
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	VECT-P02-003
920.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account					
Deposit Account Number					
18-1945					
Deposit Account Name					
Ropes & Gray					
The Commissioner is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims		Extra Claims		Fee from below	Fee Paid
Independent Claims		** =		x	=
Multiple Dependent		** =		x	=
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0.00	
**or number previously paid, if greater; For Reissues, see above					
		Other fee (specify)			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$)	920.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Matthew P. Vincent	Registration No. (Attorney/Agent)	36,709
Signature		Telephone	(617) 951-7739
		Date	June 4, 2002

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Dated: June 4, 2002	Signature: (Matthew P. Vincent)